



## COMMONWEALTH of VIRGINIA

Department of Health  
Richmond, Va. 23219JAMES B. KENLEY, M.D.  
COMMISSIONER

APR 24 1984

CERTIFIED-RETURN  
RECEIPT REQUESTED

Theodore A. Edwards  
Vice President - Engineering  
Trans Circuits, Inc.  
3509 Carlyn Springs Road  
Falls Church, Virginia 22041

Dear Mr. Edwards:

During a recent (March 29, 1984) inspection it was noted that your facility was not in total compliance with the Virginia Hazardous Waste Management Regulations. Such instances are indicated by red markings on the enclosed inspection checklists and include the following areas:

1. Contingency Plan
2. Closure Plan
3. Documentation of Personnel Training
4. Waste Analysis Plan
5. Demonstration of financial assurance for closure and sudden accidental occurrences.

Copies of the contingency plan, closure plan and documents fulfilling financial requirements should be received by this office no later than May 30, 1984. All other areas of non-compliance must be corrected by June 15, 1984. A follow-up inspection will be scheduled immediately after this date.

If you have any questions regarding this matter, please call me at (804) 225-2862.

Sincerely,

Handwritten signature of Mohammad R. Habibi in cursive script.

Mohammad R. Habibi, Chemist  
Bureau of Hazardous Waste Management

MRH:151/sm

Enclosures

Name of Facility: TRANS CIRCUITS INC.Address: 3509 CARLYN SPRINGS ROAD  
FALL CHURCH, VIRGINIA 22041EPA Generator ID Number: VAD 041962036Facility Inspection Representative: MR. THEODORE A. EDWARDSTitle: VICE PRESIDENT-ENGINEERINGTelephone Number: (703) 820-6405

1. What is business activity of firm? (i.e., furniture mfg., metal plating, recycling, etc.)

MANUFACTURER OF PRINTED CIRCUIT BOARDS.

2. Give brief description of waste stream(s) and code designation(s).

SPENT SOLVENTS (F001) ELECTROPLATING SLUDGES (F006)  
CHROMIC ACID (D002)

3. List the amounts of hazardous waste generated/accumulated. Include those that are recycled.

	Generated (kg)	Accumulated (kg)
a. Characteristic - Ignitable (D001)		
Corrosive (D002)	<u>450</u>	<u>45000</u>
Reactive (D003)		
EP Toxic (D004-D017)		
b. Listed (F, K, or U list) <u>F001</u>	<u>100</u>	<u>200</u>
c. Listed (P)		
d. Waste from spills of P and U list		

4. If any of the above wastes are recycled, specify type and amount below.

Characteristic	Listed (F, K, or U)	Listed (P)
<u>D002/ ALL</u>	<u>F001/ ALL</u>	<u>—/—</u>
<u>—</u>	<u>—</u>	<u>—/—</u>

5. Based on the above information, the company is classified as:

a. Small quantity generator exempt from regulations (i.e., does not exceed generator or accumulation limits or exceeds those limits only for recycled characteristic waste) - Form C

✓ b. Recycler not exempt from regulations (recycling over 1000 kg of listed F, K, or U wastes or 1 kg of P waste) - Form A

Ⓒ c. Generator - Form A

6. If part "b" or "c" above apply, is the facility also treating, storing or disposing?

Ⓐ Yes      No

If yes, on-site or off-site. (Circle one or both)

On-Site only - Form B (unless TSD is exempt under 9.01, then Form A only)

Off-site only - Form A only

Both - Form A and B (unless TSD is exempt under 9.01, then Form A only)

CHECKLIST FOR RCRA INSPECTION OF GENERATORS

Name of Facility: TRANS CIRCUITS INC.

Address: 3509 CARLYN SPRINGS ROAD  
FALL CHURCH, VIRGINIA 22041

EPA Generator ID Number: VAD 041962036

Facility Inspection Representative: MR. THEODORE A. EDWARDS

Title: VICE PRESIDENT - ENGINEERING

Telephone Number: (703) 820-6405

VA HWM Regs.  
Reference

1. Please provide a brief narrative explaining the work activity (products, service, etc.) of the generator.

MANUFACTURER OF PRINTED  
CIRCUIT BOARDS.

6.04

2. Is a manifest system currently used by the generator so that off-site shipment of hazardous wastes can be tracked?

☒ Yes ☐ No

3. Please inspect the generator's manifest for the following information:

5.04.02

- a) Is a manifest document number included on the form?

☒ Yes ☐ No

5.04.03(a)

- b) Are the generator's name, address, telephone number and EPA ID number included on the form?

☒ Yes ☐ No

5.04.03(b)

- c) Are the name, address, telephone number, and EPA identification number of each transporter included on the form?

☒ Yes ☐ No

5.04.03(c)

- d) Is the TSD facility which receives a generator's hazardous waste identified by name, address, telephone number, and EPA ID number?

☒ Yes ☐ No

- 5.04.04 e) Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest? ☒ Yes ☐ No
- 5.04.05 f) Are the type and number of containers loaded in the transport vehicle included on the manifest form? ☒ Yes ☐ No
- 5.04.06 g) Is the total quantity of each waste by unit of weight included? ☒ Yes ☐ No
- 5.04.06 h) Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?
- "This is to certify that the named materials are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the U. S. Department of Transportation and the U. S. Environmental Protection Agency and the Commonwealth of Virginia". ☒ Yes ☐ No
- 5.04.07 i) Are there adequate copies of the manifest available for generator, transporters, and TSD's? ☒ Yes ☐ No
- 6.06.03(b) j) For any waste shipped off-site over 45 days ago:
- i) Does the generator have a copy from the TSD facility with the appropriate signatures? ☒ Yes ☐ No
- if not,
- ii) has the generator filed an exception report? ☒ Yes ☐ No *N/A*
- 5.06.01(g) 4. Did the generator determine that the transporter has a Virginia transporter permit? ☒ Yes ☐ No
- 6.05.05 5. Is hazardous waste being accumulated on-site by the generator for less than 90 days? If yes, ☐ Yes ☒ No

- 6.05.05(a)(1)&(3) a) Is the date accumulation of waste began clearly marked on each storage container and does it indicate accumulation for less than 90 days? Yes *N/A* No
- 6.05.05(a)(2)(i)&(ii) b) Is the waste placed in either containers or tanks? (If yes, fill out appropriate checklist. If no, TSD permit is required.) Yes *N/A* No
- 6.05.05(a)(4) c) During accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with Virginia regulations? Yes *N/A* No
- 6.05.05(a)(5) 6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? Yes No
- 9.02.07(a) 7. Do personnel participate in an annual review of their initial training? Yes No
- 9.02.07(c) 8. Does the facility maintain a record of (a) job titles for personnel that are involved with hazardous waste management and (b) the name of the employee filling each job? Yes No
- 9.02.07(d)(1) 9. Does the facility have on record a written position description for each job title noted in Question #8? Yes No
- 9.02.07(d)(2) 10. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #8? (For instance emergency procedures, etc.) Yes No
- 9.02.07(d)(3) 11. Does the facility have records to document this training? Yes No
- 9.02.07(d)(4)

- 9.03.02  
9.03.04
12. At the facility, is the following equipment installed:
- 9.03.02(a) a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No
- 9.03.02(b) b) A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes ☐ No
- 9.03.02(c,d) c) Fire control, spill control, and decontamination equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes ☐ No
- 9.03.03 13. Is a record of tests and inspections of required equipment (9.03.02) maintained at the facility? *FIRE EXTINGUISHER ONLY* ☒ Yes ☐ No
- 9.03.05 14. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes ☐ No
- 6.05.05(a)(5)  
9.04.01(a) 15. Does the facility have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? *(SPCC)* ☒ Yes ☐ No
- 6.05.05(a)(5)  
9.04 16. Does the contingency plan contain the following elements:
- 9.04.02(a,b) a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- 9.04.02(c) b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? ☐ Yes ☒ No

9.04.02(d)

- c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?  
List primary coordinator.

Yes

☒ No

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

9.04.02(e)

- d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility?

☒ Yes

No

9.04.02(e)

- e) Does this list specify the location and capabilities of emergency equipment?

Yes

☒ No

9.04.02(f)

- f) An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary?

Yes

☒ No

9.04.03

- g) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams?

Yes

☒ No

9.04.06(1,j)

- h) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed?

Yes

N/A  
No

6.06.01

17. Does the facility retain copies of all manifests, annual reports, and test results for at least three years?

☒ Yes

No

6.06.02

18. Has the facility submitted an annual report for the preceding calendar year?

☒ Yes

No

19. Comments

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Inspector's Name: MOHAMMAD R. HABIBI

Title: CHEMIST

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: MARCH 29, 1984

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_

CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES

Form "B" (VA)  
1/84

Name of Facility: TRANS CIRCUITS INC.  
Address: 3509 CARLYN SPRINGS ROAD  
FALL CHURCH, VIRGINIA 22041  
EPA ID Number: VAD 041962036  
Facility Inspection Representative: MR. THEODORE A. EDWARDS  
Title: VICE PRESIDENT-ENGINEERING  
Telephone: (703) 820-6405

VA HWM Regs.  
Reference

1. The facility: treats, stores, disposes  
(Circle as appropriate)
- 9.02.03(a) 2. Does the facility receive hazardous waste  
from a foreign source? Yes No  
If yes, has the facility notified the  
Commissioner of the date of arrival? Yes N/A No  
9.02.04(a) 3. Does the facility have a detailed chemical  
and physical analysis of a representative  
sample of the waste? Yes No  
9.02.04(b)(2) 4. Does the facility have a waste analysis plan  
which specifies the following:  
a) the parameters for each hazardous waste; Yes No  
b) test methods for each parameter; Yes No  
c) the sampling method used to obtain a  
representative sample; Yes No  
d) frequency to review initial analysis. Yes No  
9.02.04(3) 5. If the facility receives wastes generated  
off-site, does the plan specify procedures  
and sampling methods to ensure that the  
waste matches the identity of the waste  
designated on the accompanying manifest or  
shipping paper? Yes N/A No

- 9.02.05(a) 6. Will physical contact or disturbance of the waste injure unknowing persons or livestock. If yes, does the TSD facility have: ☒ Yes ☐ No
- 9.02.05(b)(1) a) a 24-hour surveillance system which monitors and controls entry to the active portion of the facility? ☒ Yes ☐ No
- 9.02.05(b)(2)(1) b) an artificial or natural boundary which surrounds active portions of the facility? and, ☒ Yes ☐ No
- 9.02.05(b)(2)(11) c) a means to control entry at all times? (i.e., gates, attendants, locked entrances, etc.) ☒ Yes ☐ No
- 9.02.05(c) d) a restricted access sign posted at each entrance to the active portion of the facility? ☒ Yes ☐ No
- Is sign legible from a distance of 25 feet? ☒ Yes ☐ No
- Is sign in English and any other foreign language predominant to the geographical area? ☒ Yes ☐ No
- 9.02.06(b)(1) 7. Does the TSD facility have a written schedule for inspecting all equipment necessary for prevention, detection or response to environmental or human health hazards? Yes ☒ No
- 9.02.06(b)(3) a) Does the schedule identify the types of problems which are to be looked for during the inspection? Yes ☒ No
- 9.02.06(b)(4) b) Does the schedule include frequency of these inspections? Yes ☒ No
- 9.02.07(a) 8. Have the facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? ☒ Yes ☐ No
- 9.02.07(c) 9. Do personnel participate in an annual review of their initial training? ☒ Yes ☐ No

- 9.02.07(d)(1) 10. Does the facility maintain a record of (a) job titles for personnel that are involved with hazardous waste management and (b) the name of the employee filling each job? ☒ Yes ☐ No
- 9.02.07(d)(2) 11. Does the facility have on record a written position description for each job title noted in Question #8? ☒ Yes ☐ No
- 9.02.07(d)(3) 12. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #8? (For instance emergency procedures, etc.) Yes ☒ No
- 9.02.07(d)(4) 13. Does the facility have records to document this training? Yes ☒ No
- 9.03.02  
9.03.04 14. At the facility, is the following equipment installed:
- 9.03.02(a) a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No
- 9.03.02(b) b) A device at the scene of hazardous waste operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes ☐ No
- 9.03.02(c,d) c) Fire control, spill control, and decontamination equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes ☐ No
- 9.03.03 15. Is a record of tests and inspections of required equipment (9.03.02) maintained at the facility? Yes ☒ No
- 9.03.05 16. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes ☐ No

- 9.04.01(a) 17. Does the facility have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- 9.04 18. Does the contingency plan contain the following elements:
- 9.04.02(a,b) a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- 9.04.02(c) b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? Yes ☒ No
- 9.04.02(d) c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?  
List primary coordinator. Yes ☒ No
- Name \_\_\_\_\_
- Title \_\_\_\_\_
- Telephone \_\_\_\_\_
- 9.04.02(e) d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? ☒ Yes ☐ No
- 9.04.02(e) e) Does this list specify the location and capabilities of emergency equipment? Yes ☒ No
- 9.04.02(f) f) An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary? Yes ☒ No
- 9.04.03 g) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? Yes ☒ No

J

CHECKLIST FOR RCRA INSPECTION OF USE  
AND MANAGEMENT OF CONTAINERS

Name of Facility: TRANS CIRCUITS, INC.

Address: 3509 CARLYN SPRINGS ROADS  
FALL CHURCH, VIRGINIA 22041

EPA Generator ID Number: VAD 041962036

Facility Inspection Representative: MR. THEODORE A. EDWARDS

Title: VICE PRESIDENT-ENGINEERING

Telephone Number: (703) 820-6405

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities that store containers of hazardous waste, except as Section 9.01 provides otherwise.

Va. HWM Regs.  
Reference

- |                             |   |   |     |
|-----------------------------|---|---|-----|
| 9.09.02                     | 1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?  | <input checked="" type="radio"/> Yes    | No  |
| 9.09.03                     | 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes?                                       | <input checked="" type="radio"/> Yes    | No  |
| 9.09.04(a)                  | 3. Are all containers holding hazardous waste kept closed during storage?   | <input checked="" type="radio"/> Yes    | No  |
| 9.09.05                     | 4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?  | <input checked="" type="radio"/> Yes    | No  |
| 9.02.06(b)(1)<br>9.02.06(d) | 5. Is an inspection log maintained? (See question #7 of TSD checklist.)   | Yes <input checked="" type="radio"/> No |     |
| 9.09.06                     | 6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?  | <input checked="" type="radio"/> Yes    | No  |
| 9.09.07(a)                  | 7. Are incompatible wastes placed in the same container? (See Appendix 9.4 for examples.)   | Yes <input checked="" type="radio"/> No | N/A |
| 9.09.07(c)                  | 8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? | Yes <input checked="" type="radio"/> No | N/A |

Inspector's Name: MOHAMMAD R. HABIBI

Title: CHEMIST

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: MARCH 29, 1984

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_

9.04.06(i,j) h) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed? N/A  
Yes No

9.05 19. Does the facility retain copies of all  
5.05.05(a) manifests, annual reports, and test results for at least three years? Yes No

20. Does the TSD facility receive hazardous waste from off-site generators? Yes No

9.05.01 If yes, are the following procedures implemented:

5.06 a) Manifest copies are signed and dated Yes No

5.05.03 b) A copy is given to the transporter Yes No

5.05.04 c) A copy is sent to the generator Yes No

5.05.04 d) A copy is returned and filed at the TSD facility Yes No

5.05.05

9.05.02 21. Does the TSD facility have a written operating record which contains the following information:

9.05.02(b)(1) a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? (Use Appendix 9.1) Yes No

Storage \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Treatment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Disposal \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

9.05.02(b)(2) b) The location of each hazardous waste within the facility and the quantity at each location? Yes No

9.05.02(b)(3) c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility? N/A  
Yes No

9.05.02(b)(4)	d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?	N/A Yes No
9.05.02(b)(5) 9.02.06(d)	e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?	Yes <input checked="" type="radio"/> No
9.05.02(b)(6)	f) Detailed monitoring, testing, and analytical data where required?	Yes <input checked="" type="radio"/> No
9.05.02(b)(7)	g) All closure cost estimates, and for disposal facilities all post-closure cost estimates?	Yes <input checked="" type="radio"/> No
Closure Cost Estimate \$ <u>                    </u>		
9.07	22. Does the facility have a written closure plan which includes:	<input checked="" type="radio"/> No
9.07.03(a)(2)	a) An estimate of the maximum waste inventory in storage or treatment at any time during life of facility?	Yes <input checked="" type="radio"/> No
9.07.03(3)	b) A description of steps that will be used to decontaminate facility equipment?	Yes <input checked="" type="radio"/> No
9.07.03(a)(4)	c) An estimate of the expected year for closure?	Yes <input checked="" type="radio"/> No
9.07.03(4)	d) A schedule for final closure?	Yes <input checked="" type="radio"/> No
	e) A copy of the closure plan given to the inspector?	Yes <input checked="" type="radio"/> No
9.08.03	23. For all TSD facilities, has financial assurance for closure for this facility been established?	Yes <input checked="" type="radio"/> No
Instrument(s) used:		
<input type="checkbox"/> Trust Fund <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Performance Bond <input type="checkbox"/> Financial Test <input type="checkbox"/> Financial Guarantee Bond <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Corporate Guarantee		

\* If the financial test was used, all three (3) initially submitted items specified in Section 9.08.03(e)(3) must be updated within 90 days after the close of each succeeding fiscal year.

Instrument(s) used:

- ☐ Certificate of Insurance
- ☐ Financial Test
- ☐ Liability Endorsement

31. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

Yes *N/A* No

\* Submittal Date \_\_\_\_\_

If no, was a copy of these documents provided to the inspector?

Yes No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

32. For landfills, surface impoundments, wastepiles (if closed as landfills) and land treatment facilities, has a groundwater monitoring program been implemented?

Yes *N/A* No

33. Has an annual report been filed?

☒ Yes No

34. Comments:

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\* If the financial test was used, all three (3) initially submitted items specified in Section 9.08.03(e)(3) must be updated within 90 days after the close of each succeeding fiscal year.

Inspector's Name: MOHAMMAD R. HABIBI

Title: CHEMIST

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: MARCH 29, 1984

Inspector's Name:

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection:

INSPECTION CHECKLIST

Name: TRANS Circuits INC

Review Date 4/20/82

ID No. VAD 04 196 2036

Inspection Date: 3/23/82

Inspector: HASSAN VAKILI - W.E. LANFORD

Violations:

Gen: contingency plan, job titles, job descriptions, written training,  
emergency procedure, local assistance, list of  
emergency response coordinators & equipment,

TSD: entry signs, job titles and descriptions, names of waste handlers,  
written + documented training, emergency procedure, local assistance,  
list of emergency response coordinators, local assistance, equipment list,  
closure plan,

Container: inspection logs

Inspector comment: Site taking action to resolve violations  
site has been notified,

Compliance Check

Date 6/2/82

Lanford. Compliance will be verified on next scheduled  
inspection.

# Hazardous Waste Monitoring And Enforcement Log

RESP. AGENCY

E - EPA  
 S - STATE  
 J - JOINT-E/C  
 C - CONTR/EPA  
 O - OTHER  
 B - CONTR/STATE  
 X - EPA OVERSIGHT

 1. EPA ID: VAID10411916121013161

HANDLER TYPE:

☒ MAJOR  
☒ NON-MAJOR

 2. FACILITY NAME: TRANS CIRCUITS INC.

 3. ADDRESS: FALLS CHURCH, VA

4. TYPE OF REPORT:

☒ NEW ☐ UPDATE SEQUENCE NUMBER \_\_\_\_\_

5. DATES OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:

START 3/29/84  
 H D Y

6. TYPE OF EVALUATION COVERED BY THIS REPORT:

☒ EVALUATION INSPECTION ☐ RECORD REVIEW ☐ FOLLOW-UP  
☐ SAMPLING INSPECTION ☐ SPECIAL INSPECTION

Resp. Agency

5

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):

1/1  
 H D Y

8. TYPE AND CLASS OF VIOLATION (enter number of violations by type and class):

Class of Violation	Area of Violation						
	GMH	CL/PC	Fin. Res.	Pt. B	Comp. Sched.	Manifest	Other
0							
I			/				
II							
III		/					5

5

5

9. ENFORCEMENT ACTIONS

ACTION CODES	Class of VOL.	Area of VOL.	Type of Action	Date Action Taken (ydy)	Compliance Dates (ydy)		Penalty (\$000)		Resp. Agency
					Projected	Actual	Assessed	Collected	
01 I S C L	1	Fin. Res.	03	4-24-84	5-30-84				USE CODE E, S or X ONLY 5
02 3007 LETTER	3	CL/PC							
03 3008 WARNING LTR/NOV	3	OTHER							
04 3008 COMPLIANCE COMPLAINT									
05 3008 FINAL COMPLIANCE ORDER									
06 3013 ADM. ORDER (INITIAL)					6-15-84				
07 3013 ADM ORDER (FINAL)									
08 7003 ADM ORDER									
09 STATE COMPLIANCE ORDER									
10 INFORMAL									
11 CIVIL ACTION									
12 CRIMINAL ACTION									
13 NOV TO STATE									

COMMENTS:

(Use other

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19109

VAD041962036

SUBJECT: RCRA Inspection- **Trans Circuits Inc.**

DATE: April 20, 1982

FROM: Harry J. Weber, Environmental Scientist *HW*  
Superfund/RCRA Compliance Section (3AW23)

TO: File  
Walter F. Lee, Chief  
Thru: Superfund/RCRA Compliance Section (3AW23)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS  
INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING RESOLUTION OF  
THESE VIOLATIONS.

INSPECTION CHECKLIST

Name: TRANS CIRCUITS INC

Review Date 4/20/82

ID No. VAD 04 196 2036

Inspection Date: 3/23/82

Inspector: HASSAN VAKILI - W.E. LANFORD

Violations:

Gen: contincy plan, job titles, job descriptions, written training  
emergency procedure, local assistance, list of  
emergency response coordinators & equipment,

TSD: entry signs, job titles and descriptions, names of waste handlers,  
written + documented training, emergency procedure, local assistance,  
list of emergency response coordinators, local assistance, equipment list,  
closure plan,

Container: inspection logs

Inspector comment: Site taking action to resolve violations  
Site has been notified,

Compliance Check

Date \_\_\_\_\_

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# COMMONWEALTH of VIRGINIA

JAMES B. KENLEY, M.D.  
COMMISSIONER

*Department of Health*  
*Richmond, Va. 23219*

April 9, 1982

Richard E. Walters  
Vice President of Engineering  
Trans Circuits, Inc.  
3509 Carlyn Springs Road  
Falls Church, VA 23041

Dear Mr. Walters:

On March 23, 1982, your facility was inspected in accordance with the Commonwealth of Virginia Hazardous Waste Management Regulations.

During this inspection, it was noted that your facility was not in total compliance with the regulations. Such instances are indicated by red marking on the enclosed inspection checklists.

Please take the appropriate corrective action for bringing your facility in total compliance with the regulations at your earliest convenience.

If you have any questions regarding this matter, please call me at (804) 786-0802.

Sincerely,

Hassan Vakili  
Public Health Engineer  
Bureau of Hazardous Waste Management

HV/WEL/11w  
Enclosures

CHECKLIST FOR RCRA INSPECTION OF GENERATORS

Name of Facility: trans circuits INC

Address: 3509 Carlyn Springs Rd

Falk church, Va 23041

EPA Generator ID Number: VAD041962036

Facility Inspection Representative: Richard E. Walters

Title: Vice President of ENGINEERING

Telephone Number: (703) 820-6405

RO USE

Inspection file

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Form "A" (VA)

VA HWM Regs.

1. Please provide a brief narrative explaining the type of work activity that occurs at the generator.

Facility manufactures Printed  
Wiring boards For the Electronic  
Industry.

2. Does the generator dispose of its wastes:

a) On-site?

(Circle one or both)

☒ b) Off-site?

Note: If on-site, then checklist for both a generator and TSD facility must be completed if on-site more than 90 days.

3. What is the amount (in kilograms) or number, as appropriate, of:

3.03.01

a) Hazardous waste produced per month by the generator facility? 18800 kilograms

3.03.02

b) Hazardous waste accumulated by the generator facility at any time? 24000 kilograms

3.03.03.(a,b)

c) Any commercial chemical product or manufacturing chemical intermediate having the generic name listed in 40 CFR Part 261.33(e) or any off-specification

commercial chemical product or manufacturing chemical intermediate which, if it met specifications, would have the generic name listed in 40 CFR Part 261.33(e) which is discarded each month or is accumulated at any time for discarding? 0 kilograms

3.03.03.(c)

d) Containers identified in 40 CFR Part 261.33(c) larger than 20 liters in capacity that are discarded each month or are accumulated at any time for discarding? 0 (number)

3.03.03(d)

e) Inner liners from containers identified under 40 CFR Part 261.33(c) that is discarded each month or is accumulated for discarding? 0 kilograms

3.03.03(e)

f) Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any commercial chemical product or manufacturing chemical intermediate having the generic name listed in 40 CFR Part 261.33(e) that is discarded each month or is accumulated at any time for discarding? 0 kilograms

If the amount of (c) and (d) is less than 1, the amount of (e) is less than 10, the amount of (f) is less than 100, and the amount of (a) and (b) is less than 1000, then the facility qualifies as a small quantity generator and Form C should be completed instead of Form A.

4. What categories of hazardous wastes originate at the generator's facility? Please circle yes or no.

3.07

a) Ignitable wastes

Yes ☒ No

3.09

b) Reactive wastes

Yes ☒ No

3.08

c) Corrosive wastes

☒ Yes No

3.10

d) EP Toxic wastes

☒ Yes No

3.11

e) RCRA Listed Waste

☒ Yes No

5. Is the generator presently:

a) Treating hazardous waste?

☒ Yes No

b) Storing hazardous waste?

☒ Yes No

c) Disposing hazardous waste?

Yes No

Note: if the generator performs any of the activities noted in Question #5 [except as provided for at 9.01(c)(7)], then the inspector must complete Form B, entitled "RCRA Checklist for inspection of hazardous waste treatment, storage and disposal facilities."

6.04

6. Is a manifest system currently in operation at the generator's facility so that off-site shipment of hazardous wastes can be tracked?

☒ Yes No

7. Please inspect the generator's manifest for the following information:

5.04.03(c)

a) Is the TSD facility which receives a generator's hazardous waste identified by name, address, telephone number, and EPA ID number?

☒ Yes No

5.04.02

b) Is a serialized manifest document number included on the form?

☒ Yes No

5.04.03(a)

c) Are the generator's name, address, telephone number and EPA ID number included on the form?

☒ Yes No

5.04.03(b)

d) Are the name, address, telephone number, and EPA identification number of each transporter included on the form?

☒ Yes No

5.04.04

e) Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest?

☒ Yes No

5.04.05

f) Are the quantity of each waste, by units of weight or volume, and the type and number of containers loaded in the transport vehicle included on the manifest form?

☒ Yes No

5.04.06

g) Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?

"This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled

- and are in proper condition for transportation according to the available regulations of the DOT and EPA."
- 5.04.07 h) Are there adequate copies of the manifest available for generator, transporter, and TSD's? ☒ Yes ☐ No
- 6.05.05 8. Is hazardous waste being accumulated on-site by the generator for less than 90 days? If yes, ☐ Yes ☒ No
- 6.05.05(a)(3) a) Is the date accumulation of waste began clearly marked on each storage container? ☐ Yes ☐ No
- 6.05.05(a)(2) b) Are storage containers in good condition, i.e., no corrosion, leaking, or structural deformations? ☐ Yes ☐ No
- 6.05.05(a)(4) c) At the time of accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with DOT regulations? ☐ Yes ☐ No
- 9.04.01(a) 9. Does the generator have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☐ Yes ☒ No \*1✓
- 9.02.07(a) 10. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? ☒ Yes ☐ No
- 9.02.07(d)(1) 11. Does the generator facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? ☐ Yes ☒ No \*1✓
- 9.02.07(d)(2) 12. Does the generator facility have on record a written position description for each job title noted in Question #11? ☐ Yes ☒ No \*1✓
- 9.02.07(d)(3) 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #11? ☐ Yes ☒ No \*1✓
- 9.03.02 14. \*At the generator facility, is the following equipment installed:
- 9.03.02(a) a) An internal communications or alarm system capable of providing immediate

	personnel if the hazardous waste storage area is threatened by fire or explosion?	<input checked="" type="radio"/> Yes	No
9.03.02(b)	b) A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.?	<input checked="" type="radio"/> Yes	No
9.03.02(c,d)	c) Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals?	<input checked="" type="radio"/> Yes	No
9.03.05	15. *Does the generator facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies?	<input checked="" type="radio"/> Yes	No
9.04	16. Does the facility have a contingency plan which contains the following elements:	* <input checked="" type="checkbox"/>	
9.04.02(a,b)	a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?	<input checked="" type="checkbox"/>	
		Yes	No
9.04.02(c)	b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations?	Yes	No
9.04.02(d)	c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?	Yes	No
	<u>Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.</u>		
9.04.02(e)	d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility?	Yes	No
9.04.02(f)	e) *An evacuation plan for the generator facility if Management believes such a plan is a definite requirement for their particular generator facility.	Yes	No

17. Please provide detailed comments on specific problems encountered during the inspection. For instance, industry requests for clarification of specific RCRA rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

\*1 These items are being prepared.

This facility has not received  
state regulation at the time of  
inspection

Inspector's Name: HASSAN VAKILI

Title: PUBLIC HEALTH ENGINEER

Agency: STATE HEALTH DEPT.

Office Location: 109 GOVERNOR ST. RICHMOND, VA 23219

Date of Inspection: 3/23/82

Inspector's Name: ED LANFORD

Title: PUBLIC HEALTH ENGINEER

Agency: STATE HEALTH DEPT.

Office Location: 109 GOVERNOR ST. RICHMOND, VA 23219

Date of Inspection: 3/23/82

**CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES**

Name of Facility: Trans Circuit INC  
 Address: 3509 earlyn springs Rd  
Falls church, VA 23041  
 EPA ID Number: VAD041962036  
 Facility Inspection Representative: Richard E. Walters  
 Title: Vice President of Engineering  
 Telephone: 703/820-6405

RO USE

Inspection File

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed \_\_\_\_\_

Form "B" (VA)

**SITE CHARACTERIZATION** (Please denote if the facility presently treats, stores, or disposes of hazardous waste. Also, mark the appropriate sub-category that occurs at the particular facility.)

**TREATER**

**STORER**

**DISPOSER**

☐ Filtration  
☐ Incineration  
☐ Thermal Reduction  
☐ Recycling/Recovery  
☒ Chem/Phys/Bio Treatments  
☐ Reprocessing  
☐ Solvent Recovery  
☐ Other \_\_\_\_\_

☐ Open Pile  
☐ Surface Impoundment  
☒ Drum  
☒ Above ground tank(s)  
☐ Below ground tank(s)  
☐ Other \_\_\_\_\_

☐ Landfill operation  
☐ Land treatment  
☐ Surface Impoundment  
☐ Incineration  
☐ Other \_\_\_\_\_

VA HWM Regs.

**INSPECTION PROCEDURE**

1. Does the facility generate hazardous wastes? ☒ Yes ☐ No

Note: Please complete the generator's checklist if TSD facility generates hazardous wastes which are disposed of off-site.

9.02.03(a) 2. Does the facility receive hazardous waste from a foreign source? Yes ☒ No

If yes, has the facility notified the Commissioner of the date of arrival? Yes ☐ No

9.02.04(a) 3. For on-site tsd, does the facility have a sufficient waste analysis? ☒ Yes ☐ No

9.02.04 4. For off-site, does the facility have in place a waste analysis plan? If so, Yes ☐ No

\*N/A

This facility does not receive any Hazardous waste from

- |                   |  |                                      |   |
|-------------------|--|--------------------------------------|---|
| 9.02.04(a)(1)     | a) Does the plan enable facility personnel to identify hazardous wastes being handled by the facility?   | Yes                                  | No  |
| 9.02.04(b)(3)     | b) Does the plan enable facility personnel to confirm that wastes actually received at the TSD facility are the wastes indicated on the generator's manifest form?   | Yes                                  | No  |
| 9.02.05(b)(1)     | 5. *Does the TSD facility have a 24-hour surveillance system which monitors and controls entry to the active portion of the facility, including:   | <input checked="" type="radio"/> Yes | No  |
| 9.02.05(b)(2)(i)  | a) an artificial or natural boundary which surrounds active portions of the facility and,  | <input checked="" type="radio"/> Yes | No  |
| 9.02.05(b)(2)(ii) | b) A means to control entry at all times, i.e., gates, attendants, locked entrances, etc.?   | <input checked="" type="radio"/> Yes | No  |
| 9.02.05(c)        | 6. *Does the TSD facility have a restricted access sign posted at each entrance to the active portion of the facility? (an example would be: "Danger - Unauthorized Personnel Keep Out!") If so,   | Yes                                  | <input checked="" type="radio"/> No * 1 ✓ |
|                   | a) Is the sign legible from a distance of 25 feet?   | Yes                                  | <input checked="" type="radio"/> No * 1 ✓ |
|                   | b) Is the sign in English or any other foreign language predominant to the geographical area?  | Yes                                  | No * 1 ✓                                  |
| 9.02.06(b)(1)     | 7. Does the TSD facility have a written schedule for inspecting all emergency equipment, security devices, and operating and structural equipment, important to the prevention, detection or response to environmental/human health emergencies? | <input checked="" type="radio"/> Yes | No  |
| 9.02.06(d)        | 8. Does the facility have an inspection log for the items in question #7 that includes the date, time of inspection, observations made, and inspector's initials?  | <input checked="" type="radio"/> Yes | No  |
| 9.02.07(d)(1)     | 9. Does the TSD facility maintain a record of job titles for personnel that are involved with hazardous waste management?  | Yes                                  | <input checked="" type="radio"/> No * 1 ✓ |

- |               |  |  |
|---------------|--|--|
| 9.02.07(d)(1) | 10. Does the TSD facility have the name of the employee filling each position in hazardous waste management?   | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |
| 9.02.07(d)(2) | 11. Does the TSD facility have on record a written position description of each job title noted in Question #9?  | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |
| 9.02.07(a)    | 12. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?  | <input checked="" type="radio"/> Yes <input type="radio"/> No      |
| 9.02.07(d)(3) | 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #7?  | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |
| 9.02.07(d)(4) | 14. Does the facility have records to document this training?  | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |
| 9.03.02       | 15. *At the TSD facility, is the following equipment installed:  |  |
| 9.03.02(a)    | a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion?  | <input checked="" type="radio"/> Yes <input type="radio"/> No      |
| 9.03.02(b)    | b) A device at the scene of hazardous waste TSD operations capable of summoning emergency assistance from Police, Fire departments, etc.?  | <input checked="" type="radio"/> Yes <input type="radio"/> No      |
| 9.03.02(c,d)  | c) Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals?   | <input checked="" type="radio"/> Yes <input type="radio"/> No      |
| 9.04          | 16. Does the facility have a contingency plan which contains the following elements:   |  |
| 9.04.02(a)    | a) A detailed description of emergency procedures which facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?   | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |
| 9.04.02(c)    | b) A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations? (if such arrangements are refused, documentation of the refusal is sufficient). | Yes <input type="radio"/> No <input checked="" type="radio"/> *1 ✓ |

9.04.02(d)	<p>c) A listing of names, addresses, and phone numbers of the TSD facility emergency response coordinators?</p> <p><u>Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.</u></p>	Yes <input type="radio"/> No <input checked="" type="radio"/> *1✓
9.04.02(e)	<p>d) A list of appropriate emergency equipment necessary to cope with emergencies at the TSD facility?</p>	Yes <input type="radio"/> No <input checked="" type="radio"/> *1✓
9.04.02(f)	<p>e) *An evacuation plan for the TSD facility if Management believes such a plan is a definite requirement for their particular TSD facility?</p>	Yes <input type="radio"/> No <input checked="" type="radio"/> *1✓
9.04.03	<p>f) Are copies of the plan sent to the local police and fire departments, hospital, and emergency rescue team?</p>	Yes <input type="radio"/> No <input checked="" type="radio"/> *1✓
9.04.05	<p>17. Does the facility have at all times at least one employee either on-call or on the site who is responsible for coordinating all emergency response measures?</p> <p>If so, please complete below:</p> <p>Name: <u>Richard E. Walters</u></p> <p>Title: <u>Vice President of ENGINEERING</u></p> <p>Telephone Number: <u>(703) 820-6405</u></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
9.04.08(a)	<p>18. Does the TSD facility have a written operating record which contains the following information:</p>	
9.04.08(b)(1)	<p>a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? (Required if off-site generation)</p> <p><u>on-site Generator</u></p>	<p>Yes <input type="radio"/> No <input type="radio"/> N/A</p>
9.04.08(b)(2)	<p>b) The location of each hazardous waste within the facility and the quantity at each location?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
9.04.08(b)(3)	<p>c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility? (Required if off-site generation)</p> <p><u>on-site Generator</u></p>	<p>Yes <input type="radio"/> No <input type="radio"/> N/A</p>

9.04.08(b)(4)	d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? <i>N/A</i>	Yes	No
9.04.08(b)(5)	<i>No incidents has occurred up to date</i> e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?	Yes	No <input checked="" type="radio"/> <i>1</i>
9.04.08(b)(6)	f) Detailed monitoring, testing, and analytical data where required?	<input checked="" type="radio"/> Yes	No
9.06.03	19. Have the TSD facility operators prepared written closure plans?	Yes	No <input checked="" type="radio"/> <i>1</i>
9.06.08	20. Have the TSD facility operators prepared written post closure plans? <i>N/A</i>	Yes	No
9.04.07	21. Does the TSD facility receive hazardous waste from off-site generators? If yes, are the following procedures implemented:	Yes	No <input checked="" type="radio"/>
5.05	a) Manifest copies are signed and dated	Yes	No
5.05.03	b) A copy is given to the transporter	Yes	No
5.05.04	c) A copy is sent to the generator	Yes	No
5.05.05	d) A copy is returned and filed at the TSD facility	Yes	No
9.05	22. Does the facility owner utilize surface impoundments, landfills or land treatment technologies?	Yes	No <input checked="" type="radio"/>
9.05	23. If yes, has the owner implemented a groundwater monitoring program? <i>N/A</i>	Yes	No
	24. Has an annual report been filed?	Yes	No <input checked="" type="radio"/>

*These Form provided to them during the inspections.*

MUST BE OBSERVED

	25. The inspector should check for the following conditions at the TSD facility:		
9.02.08(a)	a) Open fires	Yes	No <input checked="" type="radio"/>
9.02.08(b)(2,3)	b) Fumes or gases	Yes	No <input checked="" type="radio"/>
9.02.08(b)(4) 9.08.02	c) Leaks or corrosion in containers or other storage structures	Yes	No <input checked="" type="radio"/>

9.02.08(b)(5)

d) Leachate to receiving streams

Yes ☒ No

9.03.01

e) Malfunction of equipment

Yes ☒ No

9.03.01

9.08.02

f) Bulging drums

Yes ☒ No

9.02.08(b)(1)

g) Excessive heat generation from storage facilities, lagoons, storage piles, etc.

Yes ☒ No

9.03.05

26. \*Does the TSD facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies?

☒ Yes ☐ No

27. Please provide detailed comments on specific problems encountered during the TSD facility inspection. For instance, industry requests for clarification of specific rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

\* N/A = Not APPLICABLE

\*1 These items are being prepared.

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Inspector's Name: Hassan Vakili  
Title: Public Health ENGINEER  
Agency: state Health Dept.  
Office Location: 109 Governor St. Richmond, Va 23219  
Date of Inspection: 3/23/82

Inspector's Name: Ed lanford  
Title: Public Health ENGINEER  
Agency: state Health Dept.  
Office Location: 109 Governor St. Richmond, Va 23219  
Date of Inspection: 3/23/82

**CHECKLIST FOR RCRA INSPECTION OF USE  
AND MANAGEMENT OF CONTAINERS**

Name of Facility: trans circuits INC  
 Address: 3509 Carlyn springs Rd  
Falls church Va 23041  
 EPA Generator ID Number: VAD041962036  
 Facility Inspection Representative: Richard E. Walters  
 Title: Vice President of ENGINEERING  
 Telephone Number: (703) 820-6405

RO USE

Inspection file

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed \_\_\_\_\_

Form "I" (VA)

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities that store containers of hazardous waste, except as Section 9.01 provides otherwise.

**Va. HWM Regs.**

- |                             |   |                                      |                                       |
|-----------------------------|---|--------------------------------------|---------------------------------------|
| 9.08.02                     | 1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?  | <input checked="" type="radio"/> Yes | No                                    |
| 9.08.03                     | 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes?                                       | <input checked="" type="radio"/> Yes | No                                    |
| 9.08.04(a)                  | 3. Are all containers holding hazardous waste kept closed during storage?   | <input checked="" type="radio"/> Yes | No                                    |
| 9.08.05                     | 4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?  | <input checked="" type="radio"/> Yes | No                                    |
| 9.02.06(b)(1)<br>9.02.06(d) | 5. Is an inspection log maintained? (See question #5 of TSD checklist.)   | Yes                                  | <input checked="" type="radio"/> No ✓ |
| 9.08.06                     | 6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?  | <input checked="" type="radio"/> Yes | No                                    |
| 9.08.07(a)                  | 7. Are incompatible wastes placed in the same container? (See Appendix 5 for examples.)   | Yes                                  | <input checked="" type="radio"/> No   |
| 9.08.07(c)                  | 8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? | <input checked="" type="radio"/> Yes | No                                    |

Inspector's Name: Hassan Vakili  
Title: Public Health Engineer  
Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Management  
Office Location: Madison Bldg., 109 Governor St. Richmond, Va. 23219  
Date of Inspection: 3/23/82

Inspector's Name: W. E. Lanford  
Title: Public Health Engineer  
Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Management  
Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219  
Date of Inspection: 3/23/82

# CHECKLIST FOR RCRA INSPECTION OF TANKS

Name of Facility: Trans Circuits, Inc.  
 Address: 3509 Carlyn Springs Road  
Falls Church, Virginia 23041  
 EPA Generator ID Number: VAD 041962036  
 Facility Inspection Representative: Richard E. Walters  
 Title: Vice President of Engineering  
 Telephone Number: 703/820-6405

RO USE  
 Inspection file  
 No. \_\_\_\_\_  
 Reviewer \_\_\_\_\_  
 Date Reviewed \_\_\_\_\_  
 Form "J" (VA)

The questions contained in this checklist apply to owners and operators of facilities that use tanks to treat or store hazardous waste, except as Section 9.01 provides otherwise.

## VA HWM Regs.

- |            |   |                                      |                                     |
|------------|---|--------------------------------------|-------------------------------------|
| 9.09.02(b) | 1. Are all tanks in good condition, i.e., not showing signs of leakage, corrosion, or any other deterioration?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.09.02(c) | 2. Are uncovered tanks operated to ensure a minimum of 2 ft. of freeboard?  | Yes                                  | <input checked="" type="radio"/> No |
| 9.09.02(c) | These tank are controlled with automatic level control.<br>3. If not, is the tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? *N/A | Yes                                  | No                                  |
| 9.09.02(d) | 4. Are tanks with continuous inflow of hazardous wastes equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)?   | <input checked="" type="radio"/> Yes | No                                  |
| 9.09.03(a) | 5. Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a tank used for storage or treatment? N/A   | Yes                                  | No                                  |
| 9.09.04(a) | 6. Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.09.04(b) | 7. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges), at least once each operating day?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.09.04(c) | 8. Is the level of waste in the tank checked at least once each operating day?<br>See note for question 1 above   | N/A                                  | Yes No                              |

- |               |   |   |
|---------------|---|---|
| 9.09.04(d)    | 9. Is (are) the tank/tanks inspected weekly to detect corrosion or leaking of fixtures or seams?  | Yes <input type="radio"/> No <input type="radio"/>            |
| 9.02.06(d)    | 10. Are the results of these inspections recorded in an inspection log or summary?  | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| 9.09.06       | 11. Are ignitable or reactive wastes stored in tanks? If so,  | Yes <input type="radio"/> No <input type="radio"/>            |
| 9.09.06(a)(1) | a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 3.07 or 3.09 of these regulations?                             | Yes <input type="radio"/> No <input type="radio"/>            |
| 9.09.06(a)(2) | b) Is the waste stored or treated in such a way that it is protected from any material or conditions which may cause the waste to ignite or react?  | Yes <input type="radio"/> No <input type="radio"/>            |
| 9.09.06(b)    | c) Is the owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NFPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code - 1977"? | Yes <input type="radio"/> No <input type="radio"/>            |

X N/A = Not Applicable

Inspector's Name: Hassan Vakili

Title: Public Health Engineer

Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Management

Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 3/23/82

Inspector's Name: W.E. Lamford

Title: Public Health Engineer

Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Management

Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 3/23/82

CHECKLIST FOR RCRA INSPECTION OF CHEMICAL,  
PHYSICAL AND BIOLOGICAL TREATMENT FACILITIES

Name of Facility: Trans Circuits, Inc.  
 Address: 3509 Carlyn Springs Road  
Falls Church, Virginia 22041  
 EPA Generator ID Number: VAD 041962036  
 Facility Inspection Representative: Richard E. Walters  
 Title: Vice President of Engineering  
 Telephone Number: 703/820-6405

NO USE

Inspection file

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Form "Q" (VA)

The questions contained in this checklist apply to owners and operators of facilities which treat hazardous wastes by chemical, physical, or biological methods in other than tanks, surface impoundments and land treatment facilities except as Section 9.01 provides otherwise.

VA HWM Regs.

- |               |   |  |
|---------------|---|--|
| 9.16.02(b)    | 1. Are all treatment processes or equipment in good condition, i.e., not showing signs of leakage, corrosion or any other deterioration?  | <input checked="" type="radio"/> Yes    No |
| 9.16.02(c)    | 2. Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop this inflow? (e.g., waste feed cut-off system or bypass system to a standby containment device) | <input checked="" type="radio"/> Yes    No |
| 9.16.03       | 3. Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? *N/A  | Yes    No                                  |
| 9.04.08(b)(3) | on ly one type of Hazardous waste is placed into the Equipment.<br>4. Is this information recorded in the facility's operating record? N/A  | Yes    No                                  |
| 9.16.04(a)    | See Comment above.<br>5. Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cut-off systems, drainage systems and pressure relief systems)?                      | <input checked="" type="radio"/> Yes    No |
| 9.16.04(b)    | 6. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day?   | <input checked="" type="radio"/> Yes    No |

- 9.16.04(c) 7. Are construction materials of the treatment 9.16.04(d) process or equipment and immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? ☐ Yes ☐ No
- 9.02.06(d) 8. Are the results of these inspections recorded in an inspection log or summary? Yes ☒ No
- 9.16.06 9. Are ignitable or reactive wastes placed in a treatment process? If so, Yes ☐ No
- 9.16.06(a)(1) a) Are the wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 3.07 or 3.09 of these regulations? Yes No
- 9.16.06(a)(2) b) Are the wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react? Yes No
- 9.16.07 10. Are incompatible wastes kept from being placed in the same treatment process or equipment? ☒ Yes No

\* N/A = Not APPLICABLE

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